



VFC Vaccine Borrowing Report

Borrowing Policy:

VFC-enrolled providers are expected to maintain adequate inventory of vaccine for VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. Borrowing VFC vaccine must not prevent a VFC-eligible child from receiving a needed vaccination. Borrowing can only occur under the following circumstances: **1)** Lack of stock due to delayed vaccine shipment, **2)** vaccine spoiled in-transit to provider, **3)** new staff who calculated ordering time incorrectly, **4)** VFC seasonal influenza vaccine not yet available at the *beginning* of influenza season (any other borrowing of influenza vaccine is prohibited), **5)** for providers with a small number of privately insured patients, short-dated private vaccine can be administered to VFC-eligible patients and replaced with VFC stock, **6)** to repay private stock when insurance billing reveals that the patient is uninsured or underinsured (FQHC/RHC only) in respect to the vaccine given. The reason cannot be provider planned borrowing from either private or VFC stock.

Directions for using this form:

This form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered in the Payback Date column. All borrowing should be paid back within three months of the initial transaction or at the first opportunity, whichever comes first. Borrowing reports must be kept as part of the VFC program records and be made available to Immunization Program staff by request and during VFC compliance site visits.

Vaccine Borrowed	Patient Name/Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason for borrowing (circle one)	Payback Date	Payback Recipient (Name/Identifier) (optional)
				1.Vaccine shipment delay 2.Vaccine spoiled in transit 3. Ordering time miscalculated 4. VFC flu shipment delay 5. Short-dated private vaccine exchange 6. Billing correction 7. Wrong vaccine stock used by mistake		
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"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing" and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider Name: _____ Provider Signature: _____ Date: _____

Immunization Program



Vaccine Borrowed	Patient Name/Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason for borrowing (circle one)	Payback Date	Payback Recipient (Name/Identifier) (optional)
				1.Vaccine shipment delay 2.Vaccine spoiled in transit 3. Ordering time miscalculated 4. VFC flu shipment delay 5. Short-dated private vaccine exchange 6. Billing correction 7. Wrong vaccine stock used by mistake		
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